

EXHIBIT A

CONSENT TO JOIN LAWSUIT

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf, to contest the alleged failure of Bronson Health Care Group, Inc., and/or its parents, subsidiaries, predecessors, successors, affiliated, and related companies (“Bronson”) to pay me proper wages, including overtime wages, under federal law. I appoint Klafter Lesser LLP and Scott & Winters Law Firm, LLC to make decisions on my behalf concerning the litigation, the method and manner of conducting this litigation, and all other matters pertaining to this lawsuit, including any settlement of any and all claims(s) I have against Bronson that are asserted in the lawsuit.

Signature *Deb Black* Deb Black (Mar 8, 2024 11:20 EST) Date 03/08/2024

Deb Black
Printed Name